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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark F Ferguson et al.

Title: SAFETY SHIELD FOR MEDICAL NEEDLES

Docket No.: SHP026.6

Filed: September 11, 2003

Examiner: Cris Loiren Rodriguez



Serial No.: 10/660,083

Due Date: N/A

Group Art Unit: 3763

**MS Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

We are transmitting herewith the following attached items (as indicated with an "X"):

☒ A return postcard and this transmittal document

☒ Supplemental Information Disclosure Statement (2 pgs.), Form 1449 (1 pg.)

Customer Number: 26152

By:

Paul S. Evans

Reg. No. 36,130

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 11 day of September, 2006.

Laura Bray  
Name

Laura Bray  
Signature

S/N 10/660,083



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Mark F Ferguson et al.	Examiner:	Cris Loiren Rodriguez
Serial No.:	10/660,083	Group Art Unit:	3763
Filed:	September 11, 2003	Docket:	SHP026.6
Title:	SAFETY SHIELD FOR MEDICAL NEEDLES		

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

**MS Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the referenced materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Pursuant to 37 C.F.R. 1.98(a)(2), Applicant believes that copies of cited U.S. Patents and Published Applications are no longer required to be provided to the Office. Notification of this change was provided in the United States Patent and Trademark Office OG Notices dated October 12, 2004. Thus, Applicant has not included copies of any US Patents or Published Applications cited with this submission. Should the Office require copies to be provided, Applicant respectfully requests that notice of such requirement be directed to Applicant's below-signed representative. Applicant acknowledges the requirement to submit copies of foreign patent documents and non-patent literature in accordance with 37 C.F.R. 1.98(a)(2).

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Serial No :10/660,083

Filing Date: September 11, 2003

Title: SAFETY SHIELD FOR MEDICAL NEEDLES

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Dkt:

Respectfully submitted,


MARK F FERGUSON ET AL.

By their Representatives,

**Customer Number: 26152**

801-298-3360

Date 09/11/06

By   
Paul S. Evans  
Reg. No. 36,130

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 11 day of September, 2006.

Laura Bray  
Name

Laura Bray  
Signature

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT***Complete if Known*

<b>Application Number</b>	10/660,083
<b>Filing Date</b>	September 11, 2003
<b>First Named Inventor</b>	Ferguson, Mark
<b>Art Unit</b>	3763
<b>Examiner Name</b>	Cris Loiren Rodriguez

(Use as many sheets as necessary)

Sheet

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of

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Attorney Docket No: SHP026.6

**US PATENT DOCUMENTS**

Examiner Initial *	Cite No	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Filing Date If Appropriate
		US-5558651	09/24/1996	Crawford, M. A., et al.	12/27/1994
		US-5919168	07/06/1999	Wheeler, A. D.	08/25/1997
		US-5938641	08/17/1999	Villanueva, G.	01/07/1998
		US-5947936	09/07/1999	Bonds, M. F.	10/23/1998
		US-5951523	09/14/1999	Osterlind, R. J., et al.	04/25/1997
		US-5964731	10/12/1999	Kovelman, P. H.	10/02/1997
		US-6004294	12/21/1999	Brimhall, G. L., et al.	04/09/1998
		US-6010487	01/04/2000	DeMichele, L. R., et al.	06/22/1998
		US-6022366	02/08/2000	Schrage, S.	06/11/1998
		US-6117108	09/12/2000	Woehr, K. et al.	06/12/1998

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	T <sup>2</sup>
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**OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
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**EXAMINER****DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional) <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached